

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: VALVE INTEGRALLY ASSOCIATED WITH  
MICROFLUIDIC LIQUID TRANSPORT  
ASSEMBLY

Attorney Docket Number:: 740073.454D1

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: No

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Sweden  
Status:: Full Capacity  
Given Name:: Stefan  
Middle Name::  
Family Name:: Sjölander  
Name Suffix::  
City of Residence:: Uppsala  
State or Province of Residence::  
Country of Residence:: Sweden  
Street of mailing address:: Funbo, Solbacka  
City of mailing address:: Uppsala  
State or Province of mailing address::  
Country of mailing address:: Sweden  
Postal or Zip Code of mailing address:: SE-755 97

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Sweden  
Status:: Full Capacity  
Given Name:: Thord  
Middle Name::  
Family Name:: Hansson  
Name Suffix::  
City of Residence:: Bälinge  
State or Province of Residence::  
Country of Residence:: Sweden  
Street of mailing address:: Kilkällan

City of mailing address:: Bålinge  
 State or Province of mailing address::  
 Country of mailing address:: Sweden  
 Postal or Zip Code of mailing address:: SE-740 22

**Correspondence Information**

Correspondence Customer Number ::	<b>00500</b>
Phone number::	
Fax Number:	
E-Mail address::	

**Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	10/001,246	11/01/01
10/001,246	An application claiming the benefit under 37 USC 119(e)	60/245,865	11/02/00

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Biacore AB
Street of mailing address::	Rapsgatan 7
City of mailing address::	Uppsala
State or Province of mailing address::	
Country of mailing address::	Sweden
Postal or Zip Code of mailing address::	S-754 50